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Bib Data Sheet

SERIAL NUMBER 09/725,850	FILING DATE 11/30/2000 RULE _	CLASS 360	GROUP ART UNIT 2652	ATTORNEY DOCKET NO. 1828.0002M
APPLICANTS David H. Rose, Bethesda, MD ;				
** CONTINUING DATA ***** THIS APPLICATION IS A REI OF 08/544,950 10/18/1995 PAT 5,844,757 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/11/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		STATE OR COUNTRY MD	SHEETS DRAWING 4	TOTAL CLAIMS 42
			INDEPENDENT CLAIMS 8	
ADDRESS Epstein Edell Shapiro & Finnan LLC 1901 Research Boulevard Suite 400 Rockville ,MD 20850-3164				
TITLE Personal computer data storage card and method for transferring information between the data storage card and personal computers				
FILING FEE RECEIVED 713	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 1172

SERIAL NUMBER 09/725,850	FILING OR 371(c) DATE 11/30/2000 RULE	CLASS 360	GROUP ART UNIT 2652	ATTORNEY DOCKET NO. 1828.0002M
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David H. Rose, Bethesda, MD;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** **** SMALL ENTITY ****
 01/11/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 4	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

27896

TITLE

PERSONAL COMPUTER DATA STORAGE CARD AND METHOD FOR TRANSFERRING INFORMATION BETWEEN
 THE DATA STORAGE CARD AND PERSONAL COMPUTERS

FILING FEE RECEIVED 797	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. cf time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit